

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 145600001		CITY OR TO	WN WESTV	VOOD
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR	R 2013
		CLASS			YEAR
LICENSEE NAME	: NORFOLK GOLF CL	UB			
DOING BUSINESS	S A NORFOLK GOLF C	LUB			
ADDRESS 166 EA	ST STREET				
CITY/TOWN: WE	ESTWOOD	STATE: MA	ZIP CODE	E: 02090	
MANAGER: CO	NRAD, ROBERTTYPE (OF LICENSE: Cl	ıb	CATEGOR	Y: All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS		
	LICENSED PREMISES				
	G CONSISTING OF A F SASEMENT TELEVISION				
	UTSIDE DECK WITH E			SERVICE WI	EL DE
•	swear under penalties of		sama mamiaas	marri liaanaadi	
	wed license will be of the see has complied with all	• •	•		
	ises are now open for bus			ing to taxes, at	iid
	1	· · · · · · · · · · · · · · · · · · ·			
SIGNED BY:					
	Individual, Partner or	Authorized Corp	orate Officer		
DATE:			EMPL	OVED IDENTIFIE	CATION NUMBER
DATE.	TELEPHONE N	IUMBER:			CATION NUMBER: ial Security Number)
					•
	ed, attest that we are in g ed by the building inspec				
	certificate of liquor liab				
Please Check Below:			LOCAL LIC	ENSING AUT	ГНОRITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	lain)		-		
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 14560	0002	CITY OR TOWN	WESTWOOD
APPLICATION FOR RENE	WAL: Annual CLASS	LICEN	SED FOR 2013 YEAR
LICENSEE NAME: B2B O DOING BUSINESS A BLU ADDRESS 927 HIGH STRE	E ORCHID		
CITY/TOWN: WESTWOO	DD STATE: M	A ZIP CODE:	02090
MANAGER: NG, DAVID	TYPE OF LICENSE:	Restaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS: PLEASE AI	LSO VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
	SED PREMISES: 2000 SF W/3 WAYS OF EGR E TABLES AND CHAIRSES		
2. the licensee has c	nder penalties of perjury that: se will be of the same type for complied with all laws of the Co chow open for business (If not ex	mmonwealth relating to	
SIGNED BY: Indivi	dual, Partner or Authorized Co	rporate Officer	
DATE:	TELEPHONE NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, signed by the	that we are in possession (1) building inspector and the h ate of liquor liability insurance	ead of the fire departi	ment for the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHORITY
DATE:			



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	145600003		CITY OR TOWN WEST WO	עטע
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME:	VELLO'S,INC.			
DOING BUSINESS A	VELLO'S			
ADDRESS 679 HIGH	STREET			
CITY/TOWN: WEST	ΓWOOD	STATE: MA	ZIP CODE: 02090	
MANAGER: siqueri	a, aolibama TY	YPE OF LICENSE:Re	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PI	LEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	_
DESCRIPTION OF L				
	•		EATING, FOOD PREP, COOKI DR STORAGE OFFICE ADMIN	
I hereby certify and sw	ear under penaltie	es of perjury that:		
1. the renewed	d license will be o	f the same type for the	same premises now licensed;	
2. the licensee	has complied wit	th all laws of the Com	monwealth relating to taxes; and	
3. the premise	es are now open fo	or business (If not expl	ain below)	
SIGNED BY:	Individual, Partne	er or Authorized Corpo	orate Officer	
DATE.				
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA' (Note: <u>NOT</u> Individual Social S	
Acts of 2004, signed	by the building in	nspector and the head	e certificate required by Chapt d of the fire department for the required by Chapter 116 of the	ter 304 of the
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:	_		By:	
DISAPPROVED:				
(If disapproved explain	11)			
DATE:				



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

		CITY OR TOWN	WESTWO	OD
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: MAV,INC. DOING BUSINESS A VICTORIA'S	CUCINA ITAI IANA			
ADDRESS 745 HIGH STREET	COCINATIALIANA			
CITY/TOWN: WESTWOOD	STATE: MA	ZIP CODE:	02090	
,	TYPE OF LICENSE: Res	taurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OF DESCRIPTION OF LICENSED PRE	UR WEBSITE AND ENTER YOUR EN	IAIL ADDRESS		
SINGLE FLOOR RESTAURANT W	V/2 ENTRANCES IN FR		THE REAR.	
CONSISTS OF THREE DINING RO		BATHROOMS		
I hereby certify and swear under pena	- v •		liaanaadı	
 the renewed license will be the licensee has complied 	• •	-		
3. the premises are now open		=	o taxes, and	
	Tor custiness (if not enpire			
SIGNED BY:				
SIGNED BY: Individual, Par	rtner or Authorized Corpo	rate Officer		
	rtner or Authorized Corpo	rate Officer		
	rtner or Authorized Corpo	rate Officer		
Individual, Par	tner or Authorized Corpo		R IDENTIFICAT	ION NUMBER:
Individual, Par				
Individual, Par	HONE NUMBER: are in possession (1) the g inspector and the head	EMPLOYEI (Note: <u>NOT</u> Inc e certificate requir of the fire depart	lividual Social	er 304 of the above named
DATE: TELEPH We the undersigned, attest that we Acts of 2004, signed by the building	HONE NUMBER: are in possession (1) the g inspector and the head	EMPLOYEI (Note: <u>NOT</u> Inc e certificate requir of the fire depart	lividual Social	er 304 of the above named Acts of 2010.
Individual, Par DATE: TELEPH We the undersigned, attest that we Acts of 2004, signed by the building license and (2) the certificate of liquid Please Check Below: APPROVED:	HONE NUMBER: are in possession (1) the g inspector and the head	EMPLOYED (Note: <u>NOT</u> Inc.) e certificate required of the fire depart equired by Chapte	lividual Social	er 304 of the above named Acts of 2010.
DATE: TELEPH We the undersigned, attest that we Acts of 2004, signed by the building license and (2) the certificate of liques Please Check Below: APPROVED: DISAPPROVED:	HONE NUMBER: are in possession (1) the g inspector and the head	EMPLOYEI (Note: NOT Inc.) c certificate required of the fire departequired by Chapte	lividual Social	er 304 of the above named Acts of 2010.
Individual, Par DATE: TELEPH We the undersigned, attest that we Acts of 2004, signed by the building license and (2) the certificate of liquid Please Check Below: APPROVED:	HONE NUMBER: are in possession (1) the g inspector and the head	EMPLOYEI (Note: NOT Inc.) c certificate required of the fire departequired by Chapte	lividual Social	er 304 of the above named Acts of 2010.
DATE: TELEPH We the undersigned, attest that we Acts of 2004, signed by the building license and (2) the certificate of liques Please Check Below: APPROVED: DISAPPROVED:	HONE NUMBER: are in possession (1) the g inspector and the head	EMPLOYEI (Note: NOT Inc.) c certificate required of the fire departequired by Chapte	lividual Social	er 304 of the above named Acts of 2010.



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 145600005	C	CITY OR TOWN WESTWOOD	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: MKP LLC			
DOING BUSINESS A CHIARA			
ADDRESS 569 HIGH STREET			
CITY/TOWN: WESTWOOD	STATE: MA	ZIP CODE: 02090	
MANAGER: LA COUNT, TYPE STEVEN G.	OF LICENSE: Resta	urant CATEGORY: All Alcohol	
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED PREMISE	S:		
THERE ARE 98 SEATS MAIN ENTRANC W/CLOSET,BAR AREA W/STOOLS,HAN OPEN KITCHEN CONCEPT.			
I hereby certify and swear under penalties of	f perjury that:		
1. the renewed license will be of the	e same type for the sa	ame premises now licensed;	
2. the licensee has complied with al	l laws of the Commo	onwealth relating to taxes; and	
3. the premises are now open for bu	isiness (If not explain	n below)	
SIGNED BY: Individual, Partner or	r Authorized Corpora	ota Officar	
marviduai, i artiici oi	Authorized Corpora	ine officer	
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)	,
777 /1 1 1 1 1 // // / ·			
Acts of 2004, signed by the building inspe	ector and the head o	certificate required by Chapter 304 of the of the fire department for the above named quired by Chapter 116 of the Acts of 2010.	
Acts of 2004, signed by the building inspelicense and (2) the certificate of liquor lia Please Check Below:	ector and the head o	of the fire department for the above named	
Acts of 2004, signed by the building inspelicense and (2) the certificate of liquor lia Please Check Below: APPROVED:	ector and the head o	of the fire department for the above named quired by Chapter 116 of the Acts of 2010.	
Acts of 2004, signed by the building inspecticense and (2) the certificate of liquor lia Please Check Below: APPROVED: DISAPPROVED:	ector and the head o	of the fire department for the above named quired by Chapter 116 of the Acts of 2010. LOCAL LICENSING AUTHORITY	
Acts of 2004, signed by the building inspelicense and (2) the certificate of liquor lia Please Check Below: APPROVED:	ector and the head o	of the fire department for the above named quired by Chapter 116 of the Acts of 2010. LOCAL LICENSING AUTHORITY	
Acts of 2004, signed by the building inspecticense and (2) the certificate of liquor lia Please Check Below: APPROVED: DISAPPROVED:	ector and the head o	of the fire department for the above named quired by Chapter 116 of the Acts of 2010. LOCAL LICENSING AUTHORITY	



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 145600006	(CITY OR TOWN WESTV	VOOD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: HIGH STREET	Γ EPICUREAN MARKET	C, INC.	
DOING BUSINESS A HIGH STREE	ET MARKET		
ADDRESS 687 HIGH STREET			
CITY/TOWN: WESTWOOD	STATE: MA	ZIP CODE: 02090	
MANAGER: ADAMS, ELIZABETH	ΓΥΡΕ OF LICENSE: Pack	tage Store CATEGOR	Y: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PRE	MISES:		
THE PREMISES IS AN EXISTING S SQ.FT. THE PROPERTY HAS ONE DOOR LOATED IN THE REAR OF	FRONT ENTRANCE FA		
I hereby certify and swear under penal	ties of perjury that:		
1. the renewed license will be	of the same type for the s	ame premises now licensed;	
2. the licensee has complied v	with all laws of the Commo	onwealth relating to taxes; ar	nd
3. the premises are now open	for business (If not explain	n below)	
SIGNED BY:		0.00	
Individual, Par	tner or Authorized Corpor	ate Officer	
DATE.			
DATE: TELEPH	ONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
		(170te: 1701 marviduai 50ci	ar security rumber)
Please Check Below:			THORITY
		LOCAL LICENSING AUT	IIOMII
APPROVED:		LOCAL LICENSING AUT By:	TIORITI
DISAPPROVED:			TIONITI
DISAPPROVED:			



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	145600007		CITYOR	IOWN WESTW	OOD
APPLICATION FOR	RENEWAL:	Annual		LICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME:	RBSBW INC.				
DOING BUSINESS A	ROCHE BROTHERS S	UPERMARK	ETS		
ADDRESS 338 WASI	HINGTON STREET				
CITY/TOWN: WEST	CWOOD S'	ΓATE: MA	ZIP CO	DDE: 02090	
MANAGER: VISCO	ONTI, JAMES TYPE OF	LICENSE:Pa	ckage Store	CATEGORY	Y: Wine and Malt Regular
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WEBSITE	ND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF L	CENSED PREMISES:				
MEZZANINE1813 E OF BUILDING; FROM FRONT RIGHT COR	EAEXIT/ENTRANCE A ACK MEZZANINEMA NT EXIT FROM COURT NER OF BUILDING; FR XIT 113' FROM RIGHT NG	AIN EXIT AT TESY BOOTH ONT LEFT E	VESTIBULI I AND FRON XIT 45' FRO	E 98' FROM LEFT NT STAIRWELL (M LEFT CORNE	58' FROM R OF
I hereby certify and sw	ear under penalties of pe	rjury that:			
1. the renewed	l license will be of the sa	me type for the	same premis	ses now licensed;	
2. the licensee	has complied with all la	ws of the Com	monwealth re	lating to taxes; and	d
3. the premise	s are now open for busine	ess (If not expl	ain below)		
SIGNED BY:	Individual, Partner or Au	thorized Corp	orate Officer		
DATE:	TELEPHONE NU	MBER:		IPLOYER IDENTIFIC NOT Individual Socia	
Please Check Below: APPROVED:	٦		LOCAL I By:	LICENSING AUT	HORITY
DISAPPROVED: (If disapproved explain	n)				
DATE:					
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 145600008	(CITY OR TOWN WEST WO	עטע
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NA	AME: 5 L'S INC			
DOING BUSI	NESS A LAMBERT'S	S RAINBOW FRUIT		
ADDRESS 220	0 PROVIDENCE HIC	SHWAY		
CITY/TOWN:	WESTWOOD	STATE: MA	ZIP CODE: 02090	
MANAGER:	JEWSON, BRADFORD	TYPE OF LICENSE: Resta	aurant CATEGORY	: Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	EMISES:		
THE AREA FO VEGETABLE DEPARTMEN APPROX 10X	OR ALCOHOL BEVE SHELVES LOCATE IT. STORAGE OF IN 10 IN THE EXISTIN	ERAGES FOR SALE WILL D IN THE REAR OF THE VENTORY WIL BE LOCK	OSS RETAIL FLOOR 9.180 S LEE A SHALF DISPLAY AE STORE NECT TO THE EMA KED WIRE MESH CONTAIN CH IS SHOWN ON THE FLO OR	OVE THE AT VER
I hereby certify	and swear under pena	alties of perjury that:		
1. the	renewed license will b	e of the same type for the s	ame premises now licensed;	
2. the	licensee has complied	with all laws of the Commo	onwealth relating to taxes; and	
3. the	premises are now ope	n for business (If not explain	n below)	
SIGNED BY:		rtner or Authorized Corpora	ate Officer	
DATE:			EMBLOVED IDENTIFICA	TION NUMBER.
DATE.	TELEP	HONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
				,
Acts of 2004,	signed by the buildir	ng inspector and the head	certificate required by Chap of the fire department for th quired by Chapter 116 of the	e above named
Please Check Belo	<u>ow:</u>		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	l explain)			
DATE:				
DAIL.				